REQUIRED SUPERVISION VALIDATION TO MEET SOCIAL WORK ASSOCIATE LICENSING

PLEASE SUBMIT BY THE DEADLINE OF MARCH 15TH, 2020

SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS

810 N. MAIN ST., SUITE 298

SPEARFISH, SD 57783

This section is to be completed by the Social Work Associate. Please print in blue or black ink only. Please have all your supervisors for the entire 2019 calendar year complete a form. You may duplicate this form. Return this form to the above listed address by March 15, 2020. Thank you.

Name of Associate: _____ License Number:_____
(Last Name) (First Name)

Mailing Address:_____
(Mailing address) (City) (State) (Zip Code)

Signature of Social Work Associate: _____

Please Check Here if **NOT** employed in the Social Work Field:_____.

Note: We must have this form returned to the board office even if you are not working in the field of Social Work at this time. If you are not working in the field of Social Work, please fill out the above information only then sign and return the form.

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR. Please print in blue or black ink.
The above named social work associate is employed by the following in the practice of social work:

Name of Employer:_____

Address of Employer:_____
(Mailing address) (City) (State) (Zip Code)

Associate has been employed from **(IN THE YEAR 2019)** _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Employment is for approximately_____ hours per week.
The supervision received is_____Individual_____Peer_____Group_____Other_____
(Please check all that apply)
The length and frequency of such supervision is_____ Hours per_____ (List month or week).
(Law requires a minimum of 4 hours per month.)

I, _____, Supervisor, hereby certify that the above employment and
(Last Name) (First Name)
supervision information is an accurate description of this associate's supervision. I supervised the associate from _____ to _____.

_____ CSW-PIP; CSW; SW; OTHER_____
(Signature) (Date) (Circle your level of licensure)

_____ _____
(Title) (State License Number)

The above is based on: _____ Personnel Records _____ My Own Knowledge